## Mar 27, 2008 8:00 am **Secretary of State**

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT	FION
DOCUMENT # 718837	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-2008 90037 029 \*\*\*\*61.25 Entity Name CONTINENTAL TOWERS, INC. Principal Place of Business Mailing Address C/O CMC INC. 50002035 675 S GULFVIEW BLVD 4175 E. BAY DR. #205 CLEARWATER BEACH FLA. 33767 CLEARWATER, FL 33764 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 59-1484405 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Name Castatana Name BLISS, KIRK COMMUNITY MANAGEMENT CONCEPTS Street 4175 EAST BAY DRIVE C/O CMC, INC **SUITE 205** 4175 East Bay Dr., Ste 205 CLEARWATER, FL 33764 Clearwater, FL 33764 ip Code t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this sta the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Р ☐ Addition TITLE President Delete TITLE NAME MARKOS, CHRIS NAME Highway 96 West STREET ADDRESS STREET ADDRESS 675 S GULFVIEW BLVD #1204 CLEARWATER BEACH, FL 33767 CITY-ST-ZIP CITY-ST-ZIP VΡ Addition Addition TITLE 🛱 Delete CUSACK, CLOE NAME STREET ADDRESS 675 S GULFVIEW BLVD #905 STREET ADDRESS CLEARWATER BEACH, FL 33767 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ROATH, GARY NAME NAME 675 S GULFVIEW BLVD #1202 STREET ADDRESS 475 S. Galfinew Blied STREET ADDRESS CLEARWATER, FL 33767 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE MORAITIS, CHRIS NAME NAME STREET ADDRESS 675 S GULFVIEW BLVD #705 STREET ADDRESS CITY+ST+7iP CITY - ST - ZIP CLEARWATER, FL 33767 Change ☐ Addition Delete TITLE TITLE SEC MONCRIEFF, JAMES NAME 6755 GULFVIEW BLVD #303 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33767 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.